



July 12, 2017

Complete Communication is Critical to Patient Safety

What happened?

Situation:

A patient needed a repeat surgery because the post-surgical care plan was missing a significant component which then could not be clearly communicated to the patient at discharge.

Background:

The nurse discharged the patient based on the written orders from the physician. The physician communicated the full care plan to the patient prior to surgery, but did not communicate all critical parts of the post-surgical care plan verbally or in writing to the medical care team for inclusion on the discharge instructions and to establish a shared mental model with the discharging nurse.

What went well? The written orders were clear, concise and timely.

What went wrong?

Assessment:

The order was missing the fourth component of effective communication; it was not complete in that it did not state to replace the dressing after showering. Because the patient did not replace the dressing after showering, a repeat surgery was required. Discharging nurse was not familiar enough with that particular injury and surgery to know what the expected care plan would ordinarily be or to clarify the physician's discharge orders. The practitioner's assumption was that a care plan for a surgery such as this was clear and obvious and that any questions about the discharge orders would be directed back to the practitioner.

What are we doing?

Recommendation:

1. Practitioners should strive to make sure that the full care plan is clearly communicated to the entire care team.
2. Anyone who is not quite sure about anything in a care plan or written discharge order should always question by calling the practitioner to clarify.
3. If the patient identifies an inconsistency between the discharge instructions communicated by the physician prior to surgery with those communicated after, contact the physician for clarification.

Contact SafetyMatters@hshs.org with questions or feedback